PRINTED: 8/25/2023 FORM APPROVED 2567-L

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:  03/27/2023	
		39C0001319		D. WING		US/4 //4U4S	
ALLEGHE	vider or supplier: CNY HEALTH NETWORK BETHEL PARK, LLC	SURGERY	STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE			
STATE LICENS	e number: <b>23921501</b>						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0000	INITIAL COMMENT			Q 0000			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

CMS-2567L UPXS11 IF CONTINUATION SHEET Page 1 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001319		B. WING:		03/27/2023	
ALLEGHENY I CENTER-BETI	NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC STATE LICENSE NUMBER: 23921501		STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES TO THE ACTION TO THE ACTION TO THE ACTION OF THE ACTION	OULD BE	(X5) COMPLETE DATE
Thi rec Ma Sun fac of 4 Co  It w wit Co 416	ntinued from page 1  nis report is the result certification survey coarch 27, 2023, at Allourgery Center-Bethel. Ceility was not in compact the 42 CFR, Title 42, Paperage for Ambulato the 42 CFR, Title 42, overage for Ambulato 6.51(c)(1)-(3)(i)-(x) ocility Staff.	onducted on egheny Health Netw It was determined pliance with the requirt 416 - Conditions bry Surgical Centers the facility was in cory Surgical Centers ory Surgical Centers ory Surgical Centers ory Surgical Centers	the uirements for	Q 0000			

CMS-2567L UPXS11 IF CONTINUATION SHEET Page 2 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001319				03/27/2023	
ALLEGHE	NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC			CITY, STATE, Z DRIVE RK, PA 151			
STATE LICENS	SE NUMBER: 23921501						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0000	Continued from page 2			Q 0000			
Q 0241				Q 0241			

CMS-2567L UPXS11 IF CONTINUATION SHEET Page 3 of 8

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001319			<u>uu</u>	03/27/2023	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC STATE LICENSE NUMBER: 23921501		STREET ADDRESS, 990 HIGBEE BETHEL PAI	DRIVE				
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY ( TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0241	Continued from page 3  416.51(a) SANITARY ENV The ASC must provide a fu environment for the provisic adhering to professionally a practice.  This REQUIREMENT is no	nctional and sanitary on of surgical services b cceptable standards of	у	Q 0241	Allegheny Health Network S Center Bethel Park, LLC wil staff on POL-5296315 "Out. Temperature in the Operating and Humidity Control". The states that temperature and he is recorded daily to maintain degrees F and humidity at 30 percent to comply with to Pennsylvania Department of Rules and Regulation for Ambulatory Care Facilities The Part IV Subparts A and F, che 551-555. Facilities managements should be notified if the empidentifies the temperature or humidity falls out of the apprange. After need adjustment made the temperature and he will be rechecked to determined designated area is in an acceptange. On April 11, 2023, a meeting was held to educate discuss with staff that the factor was found to be not complaint the regulation mentioned about the regulation me	Il educate of Range g Room e policy umidity 68 to 75 0-60 Thealth's Fitle 28, napters nent aloyee aropriate ats are umidity ne the ptable staff and cility nt with ove. ated, 6315 to	Completion Date: 04/20/2023 Status: APPROVED Date: 04/21/2023

CMS-2567L UPXS11 IF CONTINUATION SHEET Page 4 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39C0001319			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 03/27/2023		
ALLEGHE CENTER-I	VIDER OR SUPPLIER: ENY HEALTH NETWORK BETHEL PARK, LLC	X SURGERY	STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE			
STATE LICENS (X4) ID PREFIX TAG	MUST BE PRECEED!	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0241	Continued from page 4			Q 0241	used to ensure all staff membreceived the education. This non-compliance issue was prand discussed at the quarterly Quality and Infection control April 18, 2023. The Departr Health findings noted above discussed with the Medical Executive Committee at the meeting on May 2, 2023. In monitor compliance the Dire Nursing (DON) will review temperature and humidity lo monthly prior to filing the loreviewing the log the DON of the page to indicate the review occurred, the audit sheets wireviewed and compliance wir	resented y l on ment of will be  next effort to ector of all gs og. After will initial ew has ll be ill be quarter and he mmittee he until dd.	

CMS-2567L UPXS11 IF CONTINUATION SHEET Page 5 of 8

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001319		A. BLDG: _ B. WING: _		03/27/2023	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC STATE LICENSE NUMBER: 23921501		SURGERY	STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
Q 0241	Based on review of factive with facility staff (EM facility failed to proper and humidity that were findings include:  Review of facility doce Temperature in the ope Control ", last approve Temperature of the Corpoperature of the Corpop	P), it was determined by respond to tempe e out of range.  The count of Range erating Room and He ed 05/18/2022, revea operating Rooms and maintained at 68 to 7 are Of [sic] the Endo be maintained at 68-Management will be e or humidity fall out assess the informatics to determine the ap	that the rature  e umidity led " f scopy f of range. on propriate	Q 0241			
	On March 27, 2023, re	view of GI Supply F	Room				

CMS-2567L UPXS11 IF CONTINUATION SHEET Page 6 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001319		B. WING: _		03/27/2023	
ALLEGHI CENTER-	OVIDER OR SUPPLIER: ENY HEALTH NETWORK BETHEL PARK, LLC	SURGERY	STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE			
	SE NUMBER: <b>23921501</b>						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
Q 0241	Continued from page 6			Q 0241			
	temperature and humid February 2023. Review humidity was 29% on 12023, with no corrective Further review revealed on February 13, 2023, documented.  On March 27, 2023, retemperature and humid June 2022. Review of 12 temperature was 67.5 of 17-19, 2022, with no condocumented. Further retemperature was 67 deg 20-21, 24-28, and 31, 22 action documented.  EMP1 confirmed finding 19:50am. EMP1 also conducted.	v of logs revealed the February 1-3 and 6- ve action documented that the humidity with no corrective and the second services of Procedure Relity logs were reviewed logs revealed that the degrees Fahrenheit or corrective action eview revealed that the grees Fahrenheit on 2022, with no corrective action and the second services are second services.	at the 10, d. was 27% ction  Room 2 ved for e n June the June tive				

CMS-2567L UPXS11 IF CONTINUATION SHEET Page 7 of 8

#### PRINTED: 8/25/2023 FORM APPROVED 2567-L

## DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39C0001319			A. BLDG:00		(X3) DATE SURVE COMPLETED: 03/27/2023	ΞY	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC STATE LICENSE NUMBER: 23921501			STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0241	Continued from page 7			Q 0241			

CMS-2567L UPXS11 IF CONTINUATION SHEET Page 8 of 8

	TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ON OF CORRECTION (POC) IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:			
		39C0001319		B. WING: 03/27/2023					
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC			STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE					
STATE LICENS	E NUMBER: <b>23921501</b>								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 0000	ENY HEALTH NETWORK SURGERY BETHEL PARK, LLC  SE NUMBER: 23921501  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC								
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	·	TITLE:	(X6) DATE:	·		

State Form UPXS11 IF CONTINUATION SHEET Page 1 of 6

#### Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001319		B. WING: 03/27/2023			
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC STATE LICENSE NUMBER: 23921501			STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE			
STATE LICENSE NUMBER: 23921501  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D			FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 6701				S 6701			

State Form UPXS11 IF CONTINUATION SHEET Page 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED:		
		39C0001319		B. WING: _		03/27/2023	
ALLEGHE CENTER-I	VIDER OR SUPPLIER: CNY HEALTH NETWORK BETHEL PARK, LLC SE NUMBER: 23921501	SURGERY	990 HIGBEE BETHEL PAR	DRIVE			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6701	Continued from page 2  567.1 Principle CHAPTER SERVICES  567.1 Principle  The ASF shall have a sconstructed, equipped and maintained to ASF personnel from cross-infection and to protect patients.  This REGULATION is not	canitary environment, property of protect surgical patients of the health and safety of	roperly s and	S 6701	Allegheny Health Network S Center Bethel Park, LLC wil staff on POL-5296315 "Out of Temperature in the Operating and Humidity Control". The states that temperature and hi is recorded daily to maintain degrees F and humidity at 30 percent to comply with to Pennsylvania Department of Rules and Regulation for Ambulatory Care Facilities T Part IV Subparts A and F, ch 551-555. Facilities managem should be notified if the emp identifies the temperature or humidity falls out of the appr range. After need adjustmen made the temperature and hu will be rechecked to determin designated area is in an accep range. On April 11, 2023, a meeting was held to educate discuss with staff that the fac was found to be not complain the regulation mentioned abore Staff was both verbally educa- provided a copy of POL-529 review and a sign-off sheet of	Il educate of Range g Room e policy umidity 68 to 75 0-60 Thealth's  Fitle 28, napters nent oloyee ropriate at are umidity ne the ptable staff and cility nt with ove. cated, 16315 to	Completion Date: 04/20/2023 Status: APPROVED Date: 04/21/2023

State Form UPXS11 IF CONTINUATION SHEET Page 3 of 6

#### Pennsylvania Department of Health

( )		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001319				03/27/2023	
NAME OF PROVIDER OR SUPPLIER:  ALLEGHENY HEALTH NETWORK SURGERY  CENTER-BETHEL PARK, LLC  STATE LICENSE NUMBER: 23921501		SURGERY	STREET ADDRESS, 990 HIGBEE I BETHEL PAR	DRIVE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL OF THE PROPERTY OF T			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6701	Continued from page 3			S 6701	used to ensure all staff membreceived the education. This non-compliance issue was prand discussed at the quarterly Quality and Infection control April 18, 2023. The Department Health findings noted above discussed with the Medical Executive Committee at the meeting on May 2, 2023. In monitor compliance the Dire Nursing (DON) will review a temperature and humidity log monthly prior to filing the log reviewing the log the DON with page to indicate the reviewoccurred, the audit sheets will reviewed and compliance will communicated at the second infection control committee a quality meetings as well as the second quarter med exec commeeting Audits will continuation? Completion Date: August 1,	resented y l on ment of will be  next effort to ector of all gs gg. After will initial ew has ll be ill be quarter and he mmittee he until dd.	

State Form UPXS11 IF CONTINUATION SHEET Page 4 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  39C0001319		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 03/27/2023			
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE:  990 HIGBEE DRIVE  BETHEL PARK, PA 15102						
STATE LICENSE NUMBER: 23921501									
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 6701	Based on review of facilities materials and with facility staff (EMP), it was determined facility failed to properly respond to temperature and humidity that were out of range.  Findings include: Review of facility document "Out of Range Temperature in the operating Room and He Control", last approved 05/18/2022, reveauTemperature of the Operating Rooms and Preop/PACU shall be maintained at 68 to 7 degrees FTemperature Of [sic] the Endo Procedure Room shall be maintained at 68 degrees FFacilities Management will be should the temperature or humidity fall out ASC management will assess the informative received from facilities to determine the apaction "  On March 27, 2023, review of GI Supply February 2023. Review of logs revealed the humidity was 29% on February 1-3 and 6-		d that the rature  e umidity led "d   25   scopy   275   notified   3   4   5   5   5   5   5   5   5   5   5	S 6701					
	February 2023. Review	v of logs revealed that	at the						

State Form UPXS11 IF CONTINUATION SHEET Page 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  39C0001319		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 03/27/2023			
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE: 990 HIGBEE DRIVE BETHEL PARK, PA 15102						
STATE LICENSE NUMBER: 23921501									
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
S 6701	Continued from page 5			S 6701					
	2023, with no corrective action documented. Further review revealed that the humidity was 27% on February 13, 2023, with no corrective action documented.  On March 27, 2023, review of Procedure Room 2 temperature and humidity logs were reviewed for June 2022. Review of logs revealed that the temperature was 67.5 degrees Fahrenheit on June 17-19, 2022, with no corrective action documented. Further review revealed that the temperature was 67 degrees Fahrenheit on June 20-21, 24-28, and 31, 2022, with no corrective action documented.  EMP1 confirmed findings on March 27, 2023, at 09:50am. EMP1 also confirmed at this time that humidity is to be 30-60% in all areas where it is monitored.								

State Form UPXS11 IF CONTINUATION SHEET Page 6 of 6



# **Certified End Page**

#### ALLEGHENY HEALTH NETWORK SURGERY CENTER-BETHEL PARK, LLC

STATE LICENSE NUMBER: 23921501 SURVEY EXIT DATE: 03/27/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

### **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY